

DEBORAH A. VERUCCHI AND HUSBAND,
CHARLES M. VERUCCHI AND DAVID LLOYD PARKER,
GRANTORS

WARRANTY
DEED

TO

JIMMY R. HEILMAN AND WIFE,
DEANNA L. HEILMAN,
GRANTEES

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **DEBORAH A. VERUCCHI, AND HUSBAND, CHARLES M. VERUCCHI AND DAVID LLOYD PARKER**, does hereby sell, convey, and warrant unto **JIMMY R. HEILMAN AND WIFE, DEANNA L. HEILMAN**, as tenants by the entirety with full rights of survivorship, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 1203, Section F, Greenbrook Subdivision, in Section 19, Township 1 South, Range 7 West, in DeSoto County, Mississippi, as shown on plat appearing of record in Plat Book 9, Pages 46-49, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to subdivision restrictions, building lines and easements, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 2002 have been prorated between the Grantors and Grantees and shall be paid on due date by Grantees.

BY WAY OF FURTHER EXPLANATION: Lloyd Parker and Wife, Dorothy L. Parker, held title as tenants by the entirety with full rights of survivorship in Warranty Deed recorded in Book 144, Page 9. Dorothy L. Parker departed this life on January 30, 1996. David L. Parker as conservator of Lloyd Parker who departed this life on August 31, 1997, incorrectly quitclaimed said property to David L. Parker and Deborah Ann Verucchi following the death of Lloyd Parker deed recorded in Book 315, Page 559. David L. Parker incorrectly quitclaimed his interest in said property to Deborah A. Verucchi and Husband, Charles M. Verucchi said deed recorded in Book 330, Page 64. David L. Parker and Deborah A. Verucchi are now executing this deed by way of the only surviving heirs of Lloyd Archibald Parker, Jr. Heirship Affidavits and death certificates are attached hereto. Charles M. Verucchi is joining in the execution of this deed by way of his marriage to Deborah A. Verucchi.

WITNESS OUR SIGNATURE, this the 28th day of February, 2002.

STATE MS.-DESOTO CO.
FILED

MAR 7 3 10 PM '02

BK 413 PG 436
W.E. DAVIS CH. CLK.

Deborah A. Verucchi
DEBORAH A. VERUCCHI

Charles M. Verucchi SPOUSE OF HEIR
CHARLES M. VERUCCHI

David Lloyd Parker, Heir
DAVID LLOYD PARKER

STATE OF MISSISSIPPI;
COUNTY OF DESOTO;

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: DEBORAH A. VERUCCHI AND HUSBAND, CHARLES M. VERUCCHI AND DAVID LLOYD PARKER, who acknowledged that they signed and delivered the above and foregoing Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 28th DAY OF FEBRUARY, 2002

Notary Public State of Mississippi At Large
My Commission Expires: August 23, 2003
Bonded Thru Heiden, Brooks & Garland, Inc.

Cindy R. White
NOTARY PUBLIC

My Commission Expires:

Property Address: 8512 Deepwell Place, Southaven, Mississippi 38671

GRANTOR'S ADDRESS

GRANTEE'S ADDRESS

1310 TERI LYNN COURT
KINGSTON SPRINGS TN

37082

6159524112

HM PHONE

6152598111

WK PHONE

8512 Deepwell Place
Southaven, MS

38671

901 299-2855

HM PHONE

662-342-2045

WK PHONE

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0413PG0438

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-

TYPE OR PRINT WITH BLACK INK DECEASED		FILING DATE FEB 1 6 1996		1. NAME First Middle Last DOROTHY LEVERETTE PARKER		2. SEX FEMALE		3a. HOUR OF DEATH 3:00p m.		3b. DATE OF DEATH (Month, Day, Year) JANUARY 30, 1996	
4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 62 Years		5b. MOS 2		5c. DAYS 54		5d. HOURS 54		5e. MINS 54	
6. DATE OF BIRTH (Month, Day, Year) MARCH 9, 1933		7a. COUNTY OF DEATH DESOTO		7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (if not in either, give street address, route number or other location) 8512 DEEP WELL		7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT., EMER. RMOR DOA N/A		7e. STATE OF BIRTH MS.	
8. DECEASED'S EDUCATION (Specify only his/her grade completed) High School		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		10. SURVIVING SPOUSE (if wife, give maiden name) LLOYD PARKER		11. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or No) NO		12. STATE OF BUSINESS OR INDUSTRY UNION PLANTERS		13. USUAL OCCUPATION (kind of work done) BANK TELLER	
14. SOCIAL SECURITY NUMBER 409-54-6128		15a. INSIDE CITY LIMITS (Specify Yes or No) YES		15b. STREET AND NUMBER OR RURAL LOCATION 8512 DEEP WELL		16. MOTHER-NAME First Middle Maiden LENA HEATH		17. FATHER-NAME First Middle Last JAMES CLIFFORD LEVERETTE		18. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7201 OLIVE RIDGE DR. OLIVE BRANCH, MS. 38654	
19. INFORMANT-NAME (Type or print) DAVID PARKER		20a. LOCATION (City and State) MEMPHIS, TN.		20b. EMBALMER-SIGNATURE AND NUMBER WILLIAM JOYNER III #4341		21. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES RD. MEMPHIS, TN. 38118		22a. PRONOUNCED DEAD (Month, Day, Year) ON 01/30/1996		22b. PRONOUNCED DEAD (Hour) AT 11:15p m.	
23a. CERTIFIER-NAME (Type or print) Jeffery Ponder Desoto CMEI		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651		24. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) stated. ASCD		24a. DATE SIGNED (Month, Day, Year) Feb. 3, 1996		24b. STATE LICENSE NUMBER MD		24c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) Jeffery Ponder Desoto CMEI	
25. PART I: CAUSE OF DEATH (a) IMMEDIATE CAUSE (Enter one cause only) ASCD (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) ASCD (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) ASCD		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I NO		27. AUTOPSY NO		28. WAS CASE REFERRED TO MEDICAL EXAMINER? NO		29. DATE OF INJURY (Month, Day, Year) NO		29a. HOUR OF INJURY NO	
29b. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED NO		29c. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) NO		29d. LOCATION NO		29e. STREET OR ROUTE NUMBER NO		29f. CITY OR TOWN NO		29g. STATE NO	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

FEB 29 96

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH

VITAL RECORDS BK 04 | 3 PG 0439



CERTIFICATE OF DEATH

[illegible]STATISTICAL
RELATIONS

123- 9721 653

FILED
DATE SEP 11 1997

2804552

NAME	DOB	SSN	ADDRESS	CITY	STATE	ZIP	SEX
JOHN	12/15/45	123-45-6789	123 MAIN ST	NEW YORK	NY	10001	M
JANE	08/22/48	987-65-4321	456 BROADWAY	NEW YORK	NY	10002	F
JOHN	03/10/50	555-44-3333	789 PARK AVE	NEW YORK	NY	10003	M
JANE	07/01/52	222-33-4444	321 E 125TH ST	NEW YORK	NY	10030	F
JOHN	01/20/55	111-22-3333	654 W 150TH ST	NEW YORK	NY	10032	M
JANE	06/18/58	888-77-6666	987 W 180TH ST	NEW YORK	NY	10033	F
JOHN	09/05/60	777-66-5555	159 W 200TH ST	NEW YORK	NY	10034	M
JANE	11/12/62	666-55-4444	753 W 220TH ST	NEW YORK	NY	10035	F
JOHN	04/28/65	555-44-3333	321 W 240TH ST	NEW YORK	NY	10036	M
JANE	02/14/68	444-33-2222	987 W 260TH ST	NEW YORK	NY	10037	F

28. HOUR OF DEATH (20 DAYS OF DEATH MONTH, Day, Year)
8:00 A. M. 08.31.97

[illegible]

7. CITY OR TOWN OF DEATH Oxford	8. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER OR OF A OTHER GIVE STREET ADDRESS NUMBER & OTHER LOCATION 15 State Veterans Home	9. IF HOME OR NET SPECIFY NET GIVE CARE NUMBER BOX In house	10. STATE OF BIRTH VA.
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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1	2	3	4	5	6	7	8	9	10	11	12	13																																																																																							

1. NAME (LAST, FIRST, MIDDLE) AMERICAN		2. DATE OF BIRTH 229-05-1294		3. OCCUPATION JOURNALIST		4. MEMPHIS PRESS SCIMITAR	
10. RESIDENCE STATE MISSISSIPPI		11. CITY OR TOWN MEMPHIS		12. INSIDE CITY LIMITS YES		13. STREET AND NUMBER OR RURAL LOCATION 1000	

MS		Lafayette		Oxford	YES	120 Veterans Drive	
FATHER - NAME		First	Middle	Last	MOTHER - NAME		First
					MIDDLE		

[illegible]

DAVIS, PARK, R	20 CEMETERY CHENAMOY-1948	7201 OLIVE RIDGE DR.	IN LOCATION E, 100 S.W.	NO BURIAL AG	SIGNALS AND MESSAGES
YOU SIGNED: CHENAMOY-1948 FROM YOU (SEARCH)	FOREST HILL SOUTH	MEMPHIS, IN.			<i>See in file</i>

Forest Hill South Central Home 2545 East Holmes Rd. Memphis, TN 38118

[illegible][illegible][illegible][illegible]

CA. PARTIAL TEACH. CACHED	MINIMUM CAUSE (enter one cause only)	Interval between cause and crash
	Carbanic Arcs	

10. _____

DUE TO THE AS A CONSEQUENCE OF THE (THE CASE FILE)

OF PART II. CHINA SIGNIFICANT CONDITIONS - 2. The following conditions are listed as being in the immediate future:

1. ANATOMY

2. WORK HAS BEEN REFERRED TO

Alexander

789 ACCIDENT NO.		DATE OF INCIDENT	PERIODS AND LANE OF INJURY	HOURS OF INJURY	DEGREE OR HOW ON THAT MEANS INQUIRY OCCURRED
789-1	NO. OF UNDERMILKED	10/20/54 PM 4:30 AM			

DATE	DESCRIPTION	AMOUNT	CITY OF NEW YORK	TOTAL
10/10/68	PAYROLL AT CHS. FOR MARY OF JUDITH (Special Name Form) - PMS LOCATION			
10/10/68	FACILITY Office building, VOT			

[illegible]

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

D. E. Thompson Jr. III
D. E. Thompson, Jr. M.D., M.P.H.

STATE HEALTH OFFICER SEP 25 97 STATE REGISTRAR

WARNING: FROGBORED SEAL OF THE MISSIONARY STATE BOARD OF HEALTH IS PRESENT IN THIS DOCUMENT. IF YOU OPEN THIS DOCUMENT, YOU WILL BE EXPOSED TO DANGEROUS DISEASE.

IT HAS A GLOUED PA...
KCHAL NO OR WITH PAPER THIS...
WATER MARKED PAPER TO HO...
DOES NOT WITHOUT THIS...
HOLDING TO TEST IS VERE



MISSISSIPPI VALLEY TITLE
Insurance Company

OLD REPUBLIC
National Title Insurance Company

BK 0413PG 0440

HEIRSHIP AFFIDAVIT

(Heirship of Lloyd Archibald Parker, Jr. Deceased)

STATE OF Mississippi

COUNTY OF Desoto

Harvey E. Gideon, of lawful age,

being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 22 years, and that affiant bears the following relationship to the said decedent, to wit: Lived across the street from him for 22 years. Friends + Close neighbors

Affiant further states that the said decedent departed this life at 8:00AM in Lafayette County, State of Mississippi, on or about August 31, 1997, being 78 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: don't know

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: don't know - not to my knowledge

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: n/a

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator, ANSWER: n/a

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No X

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: son: David Parker daughter: Kingston Springs - Nashville

olive branch wife If not living, state date of death Dorothy died 1-30-97.

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: Not to my knowledge.

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. <u>David Lloyd Parker</u>		<u>Living</u>	<u>Ashleigh Parker</u>	<u>Bobost. Olive Branch</u>
2. <u>Deborah Parker</u>		<u>Living</u>	<u>Michael Nerruchi</u>	<u>Kingston Springs</u>
3. <u>n/a</u>				
4. <u>n/a</u>				

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1. <u>None</u>				
2. <u>None</u>				
3. <u>None</u>				
4. <u>None</u>				

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1. <u>N/A</u>			
2. <u>N/A</u>			
3. <u>N/A</u>			
4. <u>N/A</u>			

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

NAME	AGE	ADDRESS
1. <u>N/A</u>		
2. <u>N/A</u>		
3. <u>N/A</u>		
4. <u>N/A</u>		
5. <u>N/A</u>		

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: none to my knowledge, Nothing Outstanding

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. <u>He Left 2 Children - see Above</u>			
2. <u>He Left 2 Children - see Above</u>			
3. <u>He Left 2 Children - see Above</u>			
4. <u>He Left 2 Children - see Above</u>			
5. <u>He Left 2 Children - see Above</u>			

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

NAME OF BROTHER/SISTER	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1. <u>don't know of any</u>				
2. <u>don't know of any</u>				
3. <u>don't know of any</u>				
4. <u>don't know of any</u>				

Henry E. Giddens
Signature of Affiant.

Subscribed and sworn to before me this 28th day of February, 2002.

My commission expires:

Notary Public State of Mississippi At Large
My Commission Expires: August 23, 2003
Bonded Thru Heiden, Brooks & Garland, Inc.

Cindy R. White
Notary Public

CORROBORATION AFFIDAVIT

STATE OF _____ (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF __________, of lawful
age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by
_____ is true, to the personal knowledge of this affiant._____
Signature of Corroborating Affiant

Subscribed and sworn to before me this _____ day of _____, 19____.

My commission expires:

Notary Public



MISSISSIPPI VALLEY TITLE
Insurance Company

OLD REPUBLIC
National Title Insurance Company

HEIRSHIP AFFIDAVIT

(Heirship of Lloyd Archibald Parker, Jr. Deceased)

STATE OF Mississippi

COUNTY OF DESOTO

Kay B. Gideon of lawful age,

being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 22 years, and that affiant bears the following relationship to the said decedent, to wit: lived across the street from him for 22 years. Close Neighbor + Friend.

Affiant further states that the said decedent departed this life at 8:00 AM, in Lafayette County, State of Mississippi, on or about August 31, 1997, being 78 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? Yes ANSWER: probably left everything to wife

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: N/A KY
I don't think so.

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: N/A

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/A

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No X

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: Son: David Parker - Olive Branch daughter: Kingston Springs
wife: If not living, state date of death: Dadny died 1-30-96.

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: Don't believe so.

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. <u>David Lloyd Parker</u>	<u>-</u>	<u>Living</u>	<u>Ashleigh Parker</u>	<u>Bobo Street Olive Branch</u>
2. <u>Deborah Parker</u>	<u>-</u>	<u>Living</u>	<u>Michael Verruchi</u>	<u>Kingston Springs TN</u>
3. <u>N/A</u>				
4. <u>N/A</u>				

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1. <u>NONE</u>				
2. <u>NONE</u>				
3. <u>NONE</u>				
4. <u>NONE</u>				

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1. N/A			
2.			
3.			
4.			

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE
BLANK LINES BELOW:

NAME	AGE	ADDRESS
1. N/A		
2.		
3.		
4.		
5.		

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: none to my knowledge, He was always proud not to owe anyone money.

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. He left 2 Children - named above			
2.			
3.			
4.			
5.			

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

NAME OF BROTHER/SISTER*	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1. left a sister after her death but think she has				
2. died by now.				
3. but left only 2 children				
4.				

Kay B. Gidern
Signature of Affiant

Subscribed and sworn to before me this 28th day of February, 2002

My commission expires:

Cindy R. White

Notary Public

Notary Public State of Mississippi At Large
My Commission Expires August 22, 2003
Bonded Thru Helden, Brooks & Garland, Inc.

CORROBORATION AFFIDAVIT

STATE OF _____ (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF _____

_____, of lawful
age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by
_____ is true, to the personal knowledge of this affiant.

Signature of Corroborating Affiant

Subscribed and sworn to before me this _____ day of _____, 19 _____

My commission expires:

Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.



HEIRSHIP AFFIDAVIT

(Heirship of Lloyd Archibald Parker, Jr. Deceased)

STATE OF Mississippi
 COUNTY OF DESOTO
Rosemary G. Beckett, of lawful age,
 being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 15 years, and that affiant bears the following relationship to the said decedent, to wit: knew through family member, later became daughters father in law.

Affiant further states that the said decedent departed this life at 8:00AM, in LAfayette County, State of Mississippi, on or about August 31, 1997, being 78 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: unknown

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: N/A
not as far as I know

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: N/A

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/A

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No X

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: Dorothy died 1997
Son: David Parker - BoBo Place, Olive Branch - Daughter: Kingston Springs, TN
Daughter: Dorothy L. Parker 1-30-1997

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: no

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. <u>David L Parker</u>	<u>-</u>	<u>Living</u>	<u>Ashley Parker</u>	<u>Olive Branch</u>
2. <u>Deborah Parker</u>	<u>-</u>	<u>Living</u>	<u>Michael Verucchi</u>	<u>Kingston Springs, TN</u>
3. <u>N/A</u>				
4. <u>N/A</u>				

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1. <u>NONE</u>				
2. <u>NONE</u>				
3. <u>NONE</u>				
4. <u>NONE</u>				

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1. N/A			
2. N/A			
3. N/A			
4. N/A			

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE
BLANK LINES BELOW:

NAME	AGE	ADDRESS
1. N/A		
2. N/A		
3. N/A		
4. N/A		
5. N/A		

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts,
and whether they have since been paid.

ANSWER: none that I know of.

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information
called for), of his surviving father, mother, brothers and sisters: ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. only left two children mentioned above			
2. only left two children mentioned above			
3. only left two children mentioned above			
4. only left two children mentioned above			
5. only left two children mentioned above			

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers
and sisters of the decedent, together with the other information called for: ANSWER:

NAME OF BROTHER/SISTER	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1. dont know any.				
2. dont know any.				
3. dont know any.				
4. dont know any.				

ROSE M. BLACKETT
Signature of Affiant

Subscribed and sworn to before me this 28th day of February, 2002

My commission expires:

Notary Public State of Mississippi At Large
My Commission Expires August 23, 2003
Bonded Thru Heidon, Brooks & Garland, Inc.

Cindy R. White
Notary Public

CORROBORATION AFFIDAVIT

STATE OF _____ (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF _____

_____, of lawful
age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by
_____ is true, to the personal knowledge of this affiant.

Signature of Corroborating Affiant

Subscribed and sworn to before me this _____ day of _____, 19____

My commission expires:

Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.